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HAMRE, SCHUMANN, MUELLER & LARSON P C
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Held/McCarty (Depositor's name)
(Signature)
23 January 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/820,083	04/06/2004	William R. Schmidt	11009.14USU1	7182

TITLE OF INVENTION: SYSTEMS FOR DELIVERING CONDITIONED AIR TO PERSONAL BREATHING ZONES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOYCE, HAROLD	3749	454-197000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Hamre, Schumann, Mueller & Larson, P.C.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

HALO INNOVATIONS, INC.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

PLYMOUTH, MINNESOTA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Authorized Signature

James A. Larson

Date 23 January 2006

Typed or printed name

Registration No. 40,443

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FAX TRANSMISSION 23 January 2006

TO: Mail Stop: ISSUE FEE
Examiner: JOYCE, H.
Commissioner for Patents
PO Box 1450
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FROM: James A. Larson

OUR REF: 11009.14USU1

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 2

PTO FAX NUMBER: 571.273.2885

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Document: **Form PTOL-85**

Applicant: SCHMID et al.

Serial No.: 10/820,083

App. Filed: April 6, 2004

Group Art No.: 3749

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23 January 2006

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